


<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/772,801
	Filing Date	February 5, 2004
	First Named Inventor	Joseph Kubler
	Art Unit	2185
	Examiner Name	
	Attorney Docket Number	481062.411

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: <b>35243</b>			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number <b>35243</b> <b>OR</b> <input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
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I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature		Date	<b>February 12, 2007</b>
Name	<b>Robert G. Rainier</b>		
Title and Company (Assignee)	<b>Vice President</b>		
	Intermec IP Corp.		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of ____ forms are submitted.			

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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